

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16382  
Registrar's No. 5106

FILED JUN 14 1943 18

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. JOHN'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 5 DAYS

3. (a) PRINT  
FULL NAME

MARY MARTIN

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. None

4. Sex FEMALE 5. Color or  
race White 6. (a) Single, widowed, married,  
2 divorced, widowed

6. (b) Name of husband or wife  
Ferdinand Martin 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 6 1853  
(Month) (Day) (Year)

8. AGE: 89 Years 90 Months 9 Days 26 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Alvace-hormaine FRANCE  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business Home

12. Name UNKNOWN

13. Birthplace FRANCE  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace FRANCE  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. S. Debes

(b) Address 5149 Ridge Ave.

17. (a) St. Louis (b) Date thereof 6-2-1943  
(City or town) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. Madison

18. (a) Signature of funeral director Lafayette Funeral Home

(b) Address Madison, Mo.

19. (a) JUN 8 1943 (b) J. P. Presdeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
(c) City or town GRANITE CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2541 WASHINGTON AVE.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5-29-43  
\_\_\_\_\_ 19 \_\_\_\_\_ to 6-2- 19 43

that I last saw him alive on 6-2- 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration \_\_\_\_\_

Myocardial Regeneration

Due to Chronic Myocarditis

Due to Chronic Nephritis

Arteriosclerosis

Other conditions Inferiority of age

(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 2/1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

What work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Heart

23. Signature George J. Urban (M. D. or other)

Address 3903 Olive Date signed 6/2/43

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed William J. Hiram

Licensed Embalmer No. 4319

P. O. Address St. Louis mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**